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REISSUE PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.	015290-795
First Named Inventor	Degner, Raymond L.
Original Patent Number	5,074,456
Original Patent Issue Date (Month/Day/Year)	12/24/1991
Express Mail Label No.	

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 CFR 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c)
11. ☐ Original Patent Grant
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

17513 U.S. PTO
10/734073



18. CORRESPONDENCE ADDRESS

☒ Customer Number: 21839 OR ☐ Correspondence address below

Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

Name (Print/Type)	Peter K. Skiff	Registration No. (Attorney/Agent)	31,917
Signature	<i>Peter K. Skiff</i>	Date	12-12-03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 015290-795		
Claims as Filed – Part 1								
	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(A) 36	(B) 36	**** 0 =	x \$ _____ =	or	x \$ _____ =	0.00	
	(C) 3	(D) 3	* 0 =	x \$ _____ =		x \$ _____ =	0.00	
Basic Fee (37 CFR 1.16(h))					\$ _____	\$ 750.00		
Total Filing Fee					\$ _____	OR \$ 750.00		
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 36	MINUS	** 36	* = 0	x \$ _____ =	or	x \$ _____ =	0.00
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 3	= 0	x \$ _____ =		x \$ _____ =	0.00
Total Additional Fee					\$ _____	OR \$ 0.00		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account Number <u>02-4800</u> in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number <u>02-4800</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;"><u>12-12-03</u> Date</p> <p style="text-align: center;"><u>31917</u> Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: center;"> <p><u>Peter K Skiff</u> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Peter K Skiff</u> Typed or printed name</p> </div> </div>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**

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Patent
Attorney's Docket No. 015290-795

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Patent Application of)	
)	
Raymond DEGNER et al.)	
)	
Application No.: (unassigned))	Group Art Unit: (unassigned)
)	
Filed: December 12, 2003)	Examiner: (unassigned)
)	
For: COMPOSITE ELECTRODE FOR)	
PLASMA PROCESSES)	

OFFER TO SURRENDER ORIGINAL LETTERS PATENT

Commissioner for Patents
P.O. Box 1450
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Sir:

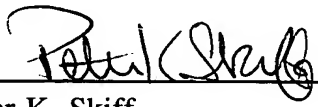
The original Letters Patent for a COMPOSITE ELECTRODE FOR PLASMA PROCESSES, U.S. Patent No. 5,074,456, granted December 24, 1991, is not being submitted with the accompanying reissue application. Its surrender, however, is hereby proffered and it will be forwarded to the U.S. Patent and Trademark Office upon being informed that the reissue application is in condition for allowance.

Reissue Application No. Unassigned
Attorney's Docket No. 015290-795

If any questions arise in connection with this application, kindly contact the undersigned attorney at the telephone number listed below.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: 
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Date: December 12, 2003